MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-C

09658

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Howard

City or town: West Friendship
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick Road

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: West Virginia County:

City or town: Petersburg Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Franklin Pike
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: ROBERT A. A LT

3. (b) Social Security Number: 232-26-0977

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Unknown 1912

8. AGE: Years	Months	Days	If less than one day
28			hrs. min.

9. Birthplace: Pansy, West Virginia
(Town, county, and state)

10. Usual occupation: Chauffer

11. Industry or business: Potomac Transportation Co.

FATHER
12. Name: Joseph K. Alt
13. Birthplace: West Virginia

MOTHER
14. Maiden name: Rosa Van Meter
15. Birthplace: West Virginia

16. Informant: Joseph z K. Alt
Address: Petersburg, W. Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 19, 1940 (month) (day) (year)

Cemetery or crematory: Family Cemetery

Location: Petersburg, West Virginia

18. Funeral director: EASTON SONS

Address: ELLICOTT CITY, MD.

19. Sept. 18, 1940 (Date rec'd by registrar) John B. Leughman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 17, 1940, at 10 50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-17-1940, to 9-17-1940, and that I last saw h[im] alive on at no time 19

Immediate cause of death: 3rd degree burns of body - 4th degree burns of head, hands & feet — DURATION: 5 min.

Due to: Burned to death in automobile accident

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 9-17-40

Where did injury occur? West Friendship (City or town) Howard (County) Md. (State)

Injured at home, farm, industry, public place (where?): Public highway

Means of injury: Truck burned Injured at work? yes

23. SIGNATURE: Alpha N. Herbert M.D.
Deputy medical examiner M. D. Howard Co.

Address: Ellicott City, Md. Date signed: 9-18-40

RECEIVED
OCT 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

09659

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Howard

City or town: Rural near Elkiatt City
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Howard

City or town: near Ellicott City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: St. Johns Lane
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Jacob Shellman Baer

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

B (b) Name of husband or wife: Sally Rogus Baer

6(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Sept 24 - 1858

8. AGE: Years	Months	Days	If less than one day
81	11	19	____ hrs. ____ min.

9. Birthplace: Middletown Frederick, Md
(Town, county, and state)

10. Usual occupation: retired attorney

11. Industry or business: real estate

FATHER
12. Name: Charles Baer
13. Birthplace: Middletown, Md

MOTHER
14. Maiden name: Margaret Springer
15. Birthplace: Baltimore, Md.

16. Informant: Mrs. Jacob S. Baer
Address: Ellicott City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9/15/40 (month) (day) (year)

Cemetery or crematory: Mt. Olivet Cemetery

Location: Frederick, Md

18. Funeral director: Harry E. Early Co.

Address: Frederick, Md.

19. Sept. 13, 1940 (Date rec'd by registrar) John B. Laughman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9- 13 1940, at 9 15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9- 11 1940, to 9-13 1940, and that I last saw him alive on 9-13 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	instant
Due to Arteriosclerotic Cardiac Vascular disease	5 yr.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none

Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: George E. Burgton MD
M. D. or other

Address: Ellicott City Date signed 9-13-40

RECEIVED
OCT 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH 09660

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (131-a)

County Howard — Registration Dist. No. 146

Village or City Dayton — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Annie Elizabeth Brown

(a) Residence: No. near Dayton, Md. St., ____ Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	WIDOWED

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Joseph Brown

6. DATE OF BIRTH (month, day, and year) Nov. 13, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
73	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) June 40

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Montgomery Co. (State or country) Md.

FATHER

13. NAME Robert Brown

14. BIRTHPLACE (city or town) Montgomery Co. (State or country) Md.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Montgomery Co. (State or country) Md.

17. INFORMANT James Robert Brown (Address) Dayton, Md. (son)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mount Carmel Date Sept 29, 1940

19. UNDERTAKER Eastern Sons (Address) Ellicott City

20. FILED Sept 27, 1940 S. A. Nicholls Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 27 (Day) 1940 (Year)

22. I HEREBY CERTIFY. That I attended deceased from Sept 17, 1940, to Sept 26, 1940

I last saw her alive on Sept 26, 1940, death is said to have occurred on the data stated above, at 1:30 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	20 yrs
Acidosis & dehydration	10 days
Terminal nephritis	
Chronic nephritis Duration: several months - cystic	

Other **Contributory Causes** of importance:

Name of operation None — Date of ____

What test confirmed diagnosis? ____ — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) S. A. Nicholls M. D.

(Address) Charlesville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED OCT 3 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-E

09661

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
County Howard
City or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard
City or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)
Street No. Ellicott Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME George Eldridge Burgtorf

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife Jessie Burgtorf
6.(c) If alive, give age 61 years
7. Birth date of deceased (mo., day, yr.) Oct. 29, 1876

8. AGE: Years	Months	Days	If less than one day
63	10	7	hrs. min.

9. Birthplace Kentucky (Town, county, and state)
10. Usual occupation Builder
11. Industry or business —
FATHER 12. Name Edward A Burgtorf
13. Birthplace Unknown
MOTHER 14. Maiden name Imogene Allen
15. Birthplace Unknown
16. Informant Geo. E. Burgtorf
Address Ellicott City Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9 3 1940 (month) (day) (year)
Cemetery or crematory St Johns
Location Ellicott City, Md.
18. Funeral director F.C. Higinbotham
Address Ellicott city md
19. Sept 2, 1940 (Date rec'd by registrar) John B. Laughran Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1 1940, at 1 10 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1, 1940, to Sept 1, 1940
and that I last saw h.. alive on Sept 1 1940

Immediate cause of death	DURATION
Pulmonary Edema	1 day
Due to: Malignant metastases to lung.	?
Due to: Carcinoma of Colon	1 yr
Other conditions	

(Include pregnancy within 3 months of death)
Major findings of operation Non operable Carcinoma of Colon Date of op. April 1940
Autopsy results No
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Alpha J. Herbert M.D.
M. D. or other
Address Ellicott City Md Date signed 9-1-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119)

CERTIFICATE OF DEATH

09662

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Howard Co

City or town Fort George Mead Junction (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution (Annapolis Junction)

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Prince Georges

City or town Laurel Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 8th St (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War.

3. (a) FULL NAME John Edward Cager

3. (b) Social Security Number 212-16-4335

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

B (b) Name of husband or wife Ida Cager

6(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) April 2, 1893

8. AGE:

Years	Months	Days	If less than one day
47	5	4	hrs. min.

9. Birthplace Howard Co Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name John Henry Cager

13. Birthplace Howard Co. Md.

MOTHER 14. Maiden name Mary Susie Matthews

15. Birthplace Montgomery Co. Md.

16. Informant Viola Mbaten

Address 8th St Laurel Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 10, 1940 (month) (day) (year)

Cemetery or crematory National Cemetery

Location Baltimore Md

18. Funeral director Ridgley Selby

Address 401 Washington Laurel Md

19. 9/10/40. (Date rec'd by registrar) 19 Mark Ridgley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-6 1940, at 10 P.M. 13

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-6 1940, to 9-6 1940 and that I last saw him alive on no 19

	DURATION
Immediate cause of death Compound Fracture of Skull in Rt. occipital region	instant
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 9-6-40

Where did injury occur? Fort George Mead Junction (City or town) Howard (County) Md. (State)

Injured at home, farm, industry, public place (where?) B & O R.R. tracks

Means of injury Hitby train Injured at work? no

23. SIGNATURE George E. Burgtorf MD

Deputy Medical Examiner Howard Co. M. D. or other

Address Ellicott City, Md. Date signed 9-7-40

RECEIVED
SEP 18 1940
BUREAU V. S.

09663

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County: Howard

City or town: Elkridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Howard

City or town: Elkridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Race Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Susie Cromwell

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ✓

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct 24 1889

8. AGE: Years: 60 Months: 10 Days: 15 If less than one day ____ hrs. ____ min.

9. Birthplace: Elkridge, Howard Co Md
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: ✓

FATHER
12. Name: John Cromwell
13. Birthplace: Howard Co Md

MOTHER
14. Maiden name: Susan Powells
15. Birthplace: Howard Co Md

16. Informant: James Cromwell
Address: Elkridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 11, 1940 (month) (day) (year)

Cemetery or crematory: Elkridge, Md

Location: Howard Co.

18. Funeral director: Mrs Katie R. Williams
Address: 322 N. Schroeder St

19. Sept. 11 1940 (Date rec'd by registrar) (Miss) E. Bird Williams Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 8 1940, at 1:10 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 4 1940, to Sept 8 1940, and that I last saw her alive on Sept 7 1940.

Immediate cause of death: Apoplexy c Right Hemiplegia

Due to: Relapse

Due to: Chronic Myocarditis. Duration: Unknown EWGR

Other conditions: Arterial Hypertension

(Include pregnancy within 3 months of death)

Major findings:

Dt operations: none

Dt autopsy: none

DURATION: month 9-1-40 9. 7.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: B B Brumbaugh M. D. or other

Address: Elkridge Md Date signed: 9/8/40

VS A15 (T) MARGIN RESERVED FOR BINDING (I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 12 1940
BUREAU V. S.

09664

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13Pa)

CERTIFICATE OF DEATH

Reg. Dist. No. 196

1. PLACE OF DEATH:

County: Howard

City or town: Atholton (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Howard Co. Md.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Howard

City or town: Atholton Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Hugo Joseph de Cheubel

3. (b) Social Security Number: 218-09-7253

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sarah James de Cheubel

6 (c) If alive, give age: 37 years

7. Birth date of deceased (mo., day, yr.): April 12, 1883

8. AGE: Years: 57 Months: 5 Days: 8 If less than one day: hrs. min.

9. Birthplace: Oakland Howard, Co. Md. (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER

12. Name: Peter de Cheubel

13. Birthplace: France

MOTHER

14. Maiden name: Josephine de Cheubel

15. Birthplace: New Windsor Carrol Co. Md.

16. Informant: Mrs Sarah James de Cheubel

Address: Atholton Howard Co Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 23, 1940 (month) (day) (year)

Cemetery or crematory: St. Louis Cemetery

Location: Clarksville Md.

18. Funeral director: Easton Sons

Address: Ellicott City Md.

19. Sept 22 1940 (Date rec'd by registrar) S A Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 20, 1940, at 9:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1st 1914 to Sept. 20th 1940 and that I last saw him alive on Sept. 20th 1940

Immediate cause of death: Mitral Regurgitation with decompensation. — DURATION: 5 mos.

Due to: Chr. Nephritis — ?

Due to

Other conditions: Arteriosclerosis. — ?

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Frank Shipley, M.D. M. D. or other

Address: Savage, Md. Date signed: 9/21/40

VS A15 (T) MARGIN RESERVED FOR BINDING (I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 3 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0

09665

CERTIFICATE OF DEATH

Reg. Dist. No. 192

1. PLACE OF DEATH:

County Howard

City or town West Friendship
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Sykesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(o) IF VETERAN, NAME WAR

3. (a) FULL NAME Douglas Lee Dorsey

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Col.

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 6th, 1919

8. AGE: Years 21 Months 6 Days 19 If less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business General

FATHER
12. Name John H. Dorsey
13. Birthplace Maryland

MOTHER
14. Maiden name Genevieve Prettyman
15. Birthplace Maryland

16. Informant John H. Dorsey

Address Sykesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 1st, 1940 (month) (day) (year)

Cemetery or crematory St. Lukes Cem.

Location Sykesville, Md.

18. Funeral director C. Harry Weer

Address Sykesville, Md.

19. Oct 1 1940 (Date rec'd by registrar) Alice W. Hebb, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28 1940, at 10 40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 28 1940, to Sept 28 1940, and that I last saw him alive on at no time 19

Immediate cause of death: Compound fracture Skull-Temporo Parietal Region, left side

Due to

Due to Automobile accident

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

DURATION: 10 min

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 9-28-40

Where did injury occur? West Friendship (City or town) Howard (County) Md (State)

Injured at home, farm, industry, public place (where?) Public highway

Means of injury auto accident Injured at work? No

23. SIGNATURE Alpha N. Herbert M.D. Deputy Medical Examiner Howard Co. M. D. or other

Address Ellicott City Md Date signed 9-29-40

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-C)

CERTIFICATE OF DEATH

09666

Reg. Diat. No. 190

1. PLACE OF DEATH:
County: Howard
City or town: Elkridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 Years
Hospital, Institution, or street address where death occurred:
Bonniewood
How long in hospital or institution? ---

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Howard
City or town: Elkridge
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Bonniewood
(If rural, give LOCATION)
2.(a) If veteran, name war: ---

3.(a) FULL NAME: JAMES CRAIG DUNLOP

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Elizabeth M. Dunlop
6.(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): June 16th 1860

8. AGE: Years	Months	Days	If less than one day
80	2	15	....hrs. ....min.

9. Birthplace: Ontario, Canada (Town, county, and state)
10. Usual occupation: Retired Salesman
11. Industry or business: Leather Goods
FATHER 12. Name: Joseph Dunlop
13. Birthplace: Canada
MOTHER 14. Maiden name: Christina Craig
15. Birthplace: Canada
16. Informant: Mr. James Stanley Dunlop
Address: Elkridge, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: September 3-1940 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: Baltimore, Md.
18. Funeral director: Wm. J. Tickner & Sons.
Address: North & Penna Aves.
19. September 3 1940 (Date rec'd by registrar) (Miss) E. Bird Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 1, 1940, at 9 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 31 1940, to Sept 1 1940
and that I last saw h... alive on Sept 1, 1940

Immediate cause of death	DURATION
Pernicious Anemia	9 mos
Due to	
Due to	
Other conditions Chr Nephritis	2 yrs

(Include pregnancy within 3 months of death)

Major findings of operations: none
Date of op.
Autopsy results: none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: James Entwisle M. D. or other
Address: Catonsville Date signed: 9-2-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

James G. Howell
715 Frederick Road, Catonsville

RECEIVED
OCT 2 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

09667

CERTIFICATE OF DEATH

Reg. Dist. No. 196

1. PLACE OF DEATH:

County Howard

City or town Fulton Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 23 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Howard

City or town Fulton Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Clara E. Dustin

3. (b) Social Security Number

4. Sex F

5. Color or race W

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Silas T. Dustin

6.(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) April 15th 1898

8. AGE: Years 42 Months 4 Days It less than one day ..... hrs. ..... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Louden
13. Birthplace Md.

MOTHER
14. Maiden name Olive Bird.
15. Birthplace Md

16. Informant Silas T. Dustin

Address Fulton Md.

17. Burial Date thereof 9/12/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Emmanuel Cemetery

Location Scaggsville Md

18. Funeral director Lloyd Kaiser

Address Laurel Md.

19. Sept 12 1940 S. C. Nichols
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 — 10 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 10 1940, to Sept 10 1940 and that I last saw her deceased on Sept 10 1940

Immediate cause of death Apoplexy — DURATION

Pulmonary Edema — —

Due to Hypertension — —

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. M. Warren MD
M. D. or other

Address Laurel Md Date signed 9-11-40

RECEIVED
OCT 3 1940
BUREAU V. S.

09668

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 192

1. PLACE OF DEATH:

County Howard

City or town West Friendship
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Brookeville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Maurice L. Randall

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Col.

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2nd 1920

8. AGE: Years 20 Months 7 Days 27 If less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER
12. Name William Randall
13. Birthplace Maryland

MOTHER
14. Maiden name Emma Parker
15. Birthplace Maryland

16. Informant Florence Fisher

Address Woodbine, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 2nd, 1940 (month) (day) (year)

Cemetery or crematory Bushy Park Cem.

Location Cooksville, Md.

18. Funeral director C. Harry Weer

Address Sykesville, Md.

19. Sept 30 1940 (Date rec'd by registrar) Alice H. Hubb, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28 1940, at 10 40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 28 1940 to Sept 28 1940, and that I last saw him alive on at no time

Immediate cause of death Compound fracture of skull left temporo frontal region fracture of left humerus

Due to Automobile accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

DURATION: 10 min

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 9-28-40

Where did injury occur? West Friendship (City or town) Howard (County) Md (State)

Injured at home, farm, industry, public place (where?) Public Highway

Means of injury Auto accident Injured at work? no

23. SIGNATURE Alpha N. Herbert, M.D. Deputy Medical Examiner Howard M. D. or other

Address Elicott City Md Date signed 9-29-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(M) (I) (T)

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73)

09669

CERTIFICATE OF DEATH

Reg. Dist. No. 192

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Howard
City or town: West Friendship
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Howard
City or town: West Friendship
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: William Ralph Spicer

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife: Mattie Virginia
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 14, 1916

8. AGE: Years	Months	Days	If less than one day
24	3	25	hrs. min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: Farm Laborer
11. Industry or business: —

FATHER
12. Name: William J. Spicer
13. Birthplace: N.C.

MOTHER
14. Maiden name: Ethel May Thomas
15. Birthplace: Va.

16. Informant: Mrs Mattie V. Spicer
Address: West Friendship

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9 11 40 (month) (day) (year)
Cemetery or crematory: Providence Cem.
Location: Glenelg, Md.
18. Funeral director: J. C. Higinbotham Jr.
Address: Ellicott City, Md.

19. Sept. 10 1940 (Date rec'd by registrar) Alice M. Hobbs Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 9 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 9 1940 to Sept 9 1940 and that I last saw h... alive on ... at ... 19...

Immediate cause of death	DURATION
Electrocution	1 min
Due to: Contact with high tension Electric line	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: none
Date of op.
Autopsy results: no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Accident Date of 9-9-40
Where did injury occur? West Friendship (City or town) How. (County) Md (State)
Injured at home, farm, industry, public place (where?) Farm
Means of injury: Electrocution Injured at work? yes

23. SIGNATURE: Alpha N. Herbert M.D. M. D. or other
Address: Ellicott City Md. Date signed 9-10-40

RECEIVED
OCT 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

09670

Reg. Dist. No. 198

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Howard
City or town near Liston, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard
City or town Rural n. Liston, Ward No. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.D. Woodbine, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Mary Ann Elizabeth Wilhide

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of ~~husband or wife~~
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 18, 1855

8. AGE:

Years	Months	Days	If less than one day
85	5	6	____ hrs. ____ min.

9. Birthplace Frederick Co. Maryland
(Town, county, and state)
10. Usual occupation None
11. Industry or business
FATHER 12. Name Henry Wilhide
13. Birthplace Maryland.
MOTHER 14. Maiden name Marie Wildonner
15. Birthplace Maryland.
16. Informant Mrs. Ivy Pearre
Address R.D. Woodbine Md
17. Burial Date thereof Sept. 26, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Poplar Springs
Location Poplar Springs. Md.
18. Funeral director C. M. Waltz
Address Westfield Md.
19. Sept-26-1940 E. Pearl Mercer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 24, 1940 at 1:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 12 1940, to Sept 24 1940, and that I last saw h e alive on Sept 23 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to Hypertension	
Due to Arteris-Sclerosis	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Stanley Grabill, M.D.
M. D. or other
Address Morgan Md Date signed 9/24/40

RECEIVED
OCT 5 1940
BUREAU V. S.